

## October 15, 2013 Via Web Filing http://pucweb1.state.nv.us/PUCNElecFiling/login.as

2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Ms. Donna Skau, Commission Secretary Nevada Public Utilities Commission 1150 E. William Street Carson City, NV 89701-3109

RE: Budget PrePay, Inc. d/b/a Budget Mobile

NV Copy of FCC Form 481 - Carrier Annual Reporting

Dear Ms. Skau:

Enclosed please find the NV Copy of FCC Form 481 - Carrier Annual Reporting, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

This report has been filed web-filed at http://pucweb1.state.nv.us/PUCNElecFiling/login.aspx.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld

Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile

file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - Nevada

CN/jg

FCC For	m 481 - Carrier Annual Reporting		FCC Form 481 OMB Control No. 3060-09	986/OMB Control N	lo. 3060-0819
Data Co	ollection Form		July 2013		
<010>	Study Area Code	559011			
<015>	Study Area Name	Budget PrePay Inc.			
<020>	Program Year	2014			
<030>	Contact Name: Person USAC should contact with questions about this data	Lakisha Taylor			
<035>	Contact Telephone Number: Number of the person identified in data line <030:	318-671-5000			
<039>	Contact Email Address: Email of the person identified in data line <030>	lakishat@budgetprepay.com			
				54.313	54.422
				Completion	Completion
ANNUA	AL REPORTING FOR ALL CARRIERS			Required	Required
				(check box wh	en complete)
<100>	Service Quality Improvement Reporting	(complete attached wo	orksheet)		
<200> <210>	Outage Reporting (voice)	(complete attached we no outages to report	orksheet)		
<210>	< Check box ii	no outages to report			
<300>	Unfulfilled Service Requests (voice)				
<310>	Detail on Attempts (voice)	(attach descriptive do	ocument)		
	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)	(attach descriptive do	ocument)		
<400>	Number of Complaints per 1,000 customers (voice	2)			
<410>	Fixed			<u>,,                                   </u>	
<420>	Mobile			[ <del></del>	
<430> <440>	Number of Complaints per 1,000 customers (broad Fixed	dband)			
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection	Rules Compliance (check to indicate cert	ification)		
<510>		(attached descriptive do	ocument)		
<600>	Functionality in Emergency Situations	(check to indicate cert	ification)		
<610>	Company Price Offerings (voice)	(attached descriptive do			
<700>	Company Price Offerings (voice)  Company Price Offerings (broadband)	(complete attached wo (complete attached wo			
<800>	Operating Companies and Affiliates	(complete attached we			
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached wo			
	Voice Services Rate Comparability	(check to indicate cert	ification)		
<1010>	Toward in Part In 1 (W/N)2	(attach descriptive do			
<11100> <1110>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate cert (complete attached wo			
	Terms and Condition for Lifeline Customers	(complete attached wo			· ·
	Price Cap Carriers, Proceed to Price Cap Additiona				
~2000·	Including Rate-of-Return Carriers affiliated with Pr	, ,	Manatan I		
<2000> <2005>		(check to indicate cert (complete attached wo			
-2007		(complete attached we			
	Rate of Return Carriers, Proceed to ROR Additions			[	
<3000>		(check to indicate cert			
<3005>		(complete attached wo	orksneet)		

<113> <114> <115> <116> <117>		<112>	<111>	<110>	<039>	<030>	<020>	<015>	<010>	(100) Se Data Co
Maps detailing progress towards meeting plan targets  Report how much universal service (USF) support was received  How (USF) was used to improve service quality  How (USF) was used to improve service coverage  How (USF) was used to improve service capacity  Provide an explanation of network improvement targets not met in the prior calendar year.	Name of Attached Document (.pdf) Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § \$4.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	34.202(a) "5	Has your company received its ETC certification from the FCC? (yes / no )	Contact Email Address - Email Address of person identified in data line <030> lakishat@budgetprepay.com	Ō)	Program Year 2014	Study Area Name Budget PrePay Inc.	Study Area Code 559011	(100) Service Quality Improvement Reporting Data Collection Form
	Oocument (.pdf)									FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

**Data Collection Form** (200) Service Outage Reporting (Voice) FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<015> Study					<220> <	_ 1	<u> </u>									
Study Area Name	Program Year	ct Name - P	ct Telephor	ct Email Adı	^a>	ñ										
		erson USAC	ne Number -	dress - Emai	<b>61</b>	utage Start Date										
		Contact Name - Person USAC should contact regarding this data	Number of pe	l Address of pe	<b2></b2>	tart										
		tregarding this	rson identified	rson identified	<b>^</b> b3>	Outage End Date										
		data	in data line <0	in data line <c< td=""><td><b>⟨</b>b4⟩</td><td>Outage End Time</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></c<>	<b>⟨</b> b4⟩	Outage End Time										
Budget PrePay Inc.	2014	Lakisha Taylor	Contact Telephone Number - Number of person identified in data line <030> 318-671-5000	Contact Email Address - Email Address of person identified in data line <030> lakishat@budgetprepay.com	<c1></c1>	Number of Customers Affected				W						
ic.				etprepay.com	<c2></c2>	Total Number of Customers			See attached	worksneet						
					^d V	911 Facilities Affected (Yes / No)			<b>d</b>							
					<e>&gt;</e>	Service Outage Description (Check all that apply)										
					❖	Did This Outage Affect Multiple Study Areas (Yes / No)										
					<b>∕</b> g>	Service Outage Resolution										
					<u>^</u>	Preventative Procedures										

_												<703>	// OL/		<701> Resid	<039> Cont	<035> Cont	<030> Cont	<020> Prog	<015> Stud	<010> Stud	Data Collection Form	(700) Brico Off
											State	<a1></a1>	ים אות אות אות. מים המים	o State win	dential Loca	act Email A	act Teleph	act Name -	Program Year	Study Area Name	Study Area Code	n Form	orings incl
											Exchange (ILEC)	<a2></a2>	all ge atate wine healdeling tood as the chaige	do Docidontial Local o	Residential Local Service Charge Effective Date	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data		ne	ē	Data Collection Form	luding Voice Pate D
											SAC (CETC)	<a3></a3>	מן אוכם כוומו מים	opico Chargo	ective Date	ss of person ide	er of person ide	contact regardi				2	
										7-1	Rate Type	<b1></b1>	ſ		1/1	ntified in data line	ntified in data line <	ng this data					
					See at						Residential Local Service Rate	<b2></b2>			1/1/2013		<b>:030&gt;</b> 318-671-5000	Lakisha Taylor	2014	Budget PrePay	559011		
					See attached worksheet						State Subscriber Line Charge	<b3></b3>				lakishat@budgetprepay.com	00	ylor		ePay Inc.			
										_	State Univ	<b4></b4>										507	
										C	Mandatory Extended Area Service Charge	<b5></b5>										OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	7C Eorm 181
										-	Total per line Rates and Fees	<0>										ИВ Control No. 3060-0	

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

559011
Budget PrePay Inc.
2014
<030> Contact Name - Person USAC should contact regarding this data
a line <030>
1 1 1

											<711>
										State	<a1></a1>
										Exchange (ILEC)	<22>
					work	Se				Residential Rate	<b1>&gt;</b1>
					worksheet	See attached				State Regulated Fees	<02>
										Total Rate and Fees	<c></c>
										Broadband Service - Download Speed (Mbps)	<01>
										Broadband Service - Upload Speed (Mbps)	<d2></d2>
										Usage Allowance (GB)	<d3></d3>
										Usage Allowance Action Taken When Limit Reached {select}	<d4></d4>

Data Collection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  Iuly 2013
<010> Study Area Code	559011		
	Budget PrePay Inc.		
<020> Program Year	2014		
<030> Contact Name - Person USAC should contact regarding this data	Lakisha Taylor		
<035> Contact Telephone Number - Number of person identified in data line <030> 318-671-5000	30> 318-671-5000		
<039> Contact Email Address - Email Address of person identified in data line <030> lakishat@budgetprepay.com	)30> lakishat@budgetpr	epay.com	
<810> Reporting Carrier Budget PrePay, Inc. d/b/a Budget Mobile			
(b) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			
<813> <a1></a1>		<a2></a2>	<a3></a3>
Affiliates		SAC	Doing Business As Company or Brand Designation
	See atta	See attached worksheet -	heet

10/11/2013

(900) Tril Data Coll	(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code Study Area Name	Budget PrePay Inc.
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	<b>ne &lt;030&gt;</b> 318-671-5000
<039>	Contact Email Address - Email Address of person identified in data line <030>	ne <030> lakishat@budgetprepay.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	
		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923> <924>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	

<929> Compliance with Tribal Business and Licensing requirements.

(1100) No Data Coll	<010>	<015>	<020>	<030>	<035>	<039>	<1120>	<1130>
(1100) No Terrestrial Backhaul Reporting Data Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
	559011	Budget PrePay Inc.	2014	Lakisha Taylor	318-671-5000	lakishat@budgetprepay.com		
FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013								

(1200) Te	(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	Data Collection Form	July 2013
<010>	<010> Study Area Code	559011
<015>	<015> Study Area Name	Budget PrePay Inc.
<020>	<020> Program Year	2014
<030>	<030> Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	<035> Contact Telephone Number - Number of person identified in data line <030>	318-671-5000
<039>	<0.39> Contact Fmail Address - Fmail Address of person identified in data line <0.30> lakishat@budgetprepay.com	lakishat@budgetprepay.com

<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of attached document (.pdf)
<1220>	Link to Public Website	HTTPwww.budgetmobile.com
	"Please check these boxes below to confirm that the attached PDF,	
	on line 1210, or the website listed, on line 1220, contains the required information pursuant to §	
	54.422(a)(2) annual reporting for ETCs receiving low-income	
	support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	<1223> Additional charges for toll calls, and rates for each such plan.	

Connect America Phase II Reporting (47 CFR § 54.313(e))  2017> 3rd year Broadband Service Certification  Sth year Broadband Service Certification  Sth year Broadband Service Certification  (2019> Interim Progress Certification  Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a of CAF Phase II support shall provide the number, names, and address community anchor institutions to which began providing access to be service in the preceding calendar year.  Interim Progress Community Anchor Institutions	Price Ca	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))  <2012> 2013 Frozen Support Certification  <2013> 2014 Frozen Support Certification  <2014> 2015 Frozen Support Certification  <2015> 2016 and future Frozen Support Certification	CHECK the boxes below to note compliance as a recipient of In support as set forth in 4:    Support as set forth in 4:   Incremental Connect America Phase I reporting	<039> Contact Email Address - Email Address of person identified in data line <030>				<010> Study Area Code	Data Collection Form Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers	(2000) Price Cap Carrier Additional Documentation	
t America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information	oadband	ertification {47 CFR § 54.312(a)} fication	CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting  2nd Year Certification {47 CFR § 54.313(b)(1)}  2nd Year Certification {47 CFR § 54.313(b)(2)}	son identified in data line <030> lakishat@budgetprepay.com	on identified in data line <030> 318-671-5000		Budget PrePay Inc.	559011	Cap Local Exchange Carriers		
			set access charge reductions, and Connect America Phase II ned below is accurate.						July 2013	FCC Form 481	

(3026)	(3025)	(3024)	(3023)	(3022)		(3021)	(3019)		(3017) (3018)	(3016)	(3015)	(3012) (3013) (3014)	(3011)	(3010)	CHECK th	<039>	<035>			<015>	<010>	Data Colle	(3000) Rat
Attach the worksheet listing required information	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Underlying information subjected to an officer certification.	Discovers, Underlying information subjected to a review by an independent certified nublic accountant	contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	Management letter issued by the independent certified public accountant that performed the company's financial audit.	Littler a copy of their audited manical statement; or (2) a manical report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 54.313(f)(2), contains :	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Community Anchor Institutions (47 CFR § 5.4.313(f)(1)(ii)) is your company a Privately Held ROR Carrier (47 CFR § 5.4.313(f)(2)) if yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 5.4.313(f)(2) compliance	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Milestone Certification (47 CFR $\S$ 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.  Progress Report on 5 Year Plan	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030>	- Person USAC should contact regarding this data	2014	Budget	Study Area Code 559011	Data Collection Form	(3000) Rate Of Return Carrier Additional Documentation
Name of Attached Document Listing Required Information									Name of Attached Document Listing Required Information			Name of Attached Document Listing Required Information		Name of Attached Document Listing Required Information	its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the f CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	lakishat@budgetprepay.com	318-671-5000	Lakisha Taylor		PrePay Inc.			
									[(Yes/No)			(Yes/No) (Yes/No)			red below is accurate.							OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	FCC Form 481

	tion - Reporting Carr lection Form	ier	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559011	
<015>	Study Area Name	Budget PrePay Inc.	
<020>	Program Year	2014	
<030>	Contact Name - Pers	on USAC should contact regarding this data Lakisha Taylor	
<035>	Contact Telephone N	Number - Number of person identified in data line <030> 318-671-50	000
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> lakishat@	@budgetprepay.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibi recipients; and, to the best of my knowledge, the information repo	lities include ensuring the accuracy of the annual reporting requirements for universal service support orted on this form and in any attachments is accurate.
Name of Reporting Carrier: Budget PrePay Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/11/2013
Printed name of Authorized Officer: David Donahue	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 3186715000	
Study Area Code of Reporting Carrier: 559011	Filing Due Date for this form: 10/15/2013

	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559011	36. J. 2020
<015>	Study Area Name	Budget PrePay Inc.	
<020>	Program Year	2014	

Lakisha Taylor

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> lakishat@budgetprepay.com

I certify that (Name of Agent)	norize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  is authorized to submit the information reported on behalf of the reporting carrier. I y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	·
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030> 318-671-5000

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier									
	thorized to submit the annual reports for universal service suppor e reporting carrier; and, to the best of my knowledge, the informa	• • • • • • • • • • • • • • • • • • • •							
Name of Reporting Carrier:									
Name of Authorized Agent or Employee of Agent:									
Signature of Authorized Agent or Employee of Agent:		Date:							
Printed name of Authorized Agent or Employee of Agent:									
Title or position of Authorized Agent or Employee of Age	nt								
Telephone number of Authorized Agent or Employee of A	Agent:								
Study Area Code of Reporting Carrier:	Filing Due Date for this form:								
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title							

Budget PrePay, Inc. 559011 - No Affiliates